

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Oklahoma

Case number (If known): _____

Chapter you are filing under:



Chapter 7



Chapter 11



Chapter 12



Chapter 13

Check if this is an
amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:Steven

First name

David

Middle name

Salway

Last name

Suffix (Sr., Jr, II, III)**About Debtor 2 (Spouse Only in a Joint Case):**Jessica

First name

Lynn

Middle name

Salway

Last name

Suffix (Sr., Jr, II, III)**2. All other names you have used in the last 8 years**

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

Steve

First name

Middle nameSalway

Last name

Business name (if applicable)_____
Business name (if applicable)_____
First name_____
Middle name_____
Last name_____
Business name (if applicable)_____
Business name (if applicable)**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**xxx - xx - 0 8 5 3

OR

9xx - xx - ____ ____ ____ ____

xxx - xx - 6 1 8 0

OR

9xx - xx - ____ ____ ____ ____

Debtor 1
Debtor 2Steven
Jessica

First Name

David
Lynn

Middle Name

Salway
Salway

Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under***Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?☒ No.

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?☒ No.

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?☒ No. Go to line 12.☐ Yes. Has your landlord obtained an eviction judgment against you?☐ No. Go to line 12.☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1
Debtor 2**Steven
Jessica**

First Name

**David
Lynn**

Middle Name

**Salway
Salway**

Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☐ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1	Steven	David	Salway	Case number (if known) _____
Debtor 2	Jessica	Lynn	Salway	
	First Name	Middle Name	Last Name	

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No.

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City State ZIP Code

Debtor 1
Debtor 2**Steven
Jessica**

First Name

**David
Lynn**

Middle Name

**Salway
Salway**

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1
Debtor 2**Steven
Jessica**

First Name

**David
Lynn**

Middle Name

**Salway
Salway**

Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

- ☐ No. I am not filing under Chapter 7. Go to line 18.
☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☒ No
☐ Yes

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**18. How many creditors do you estimate that you owe?**

- ☐ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
☒ 50-99 ☐ 5,001-10,000
☐ 100-199 ☐ 10,001-25,000
☐ 200-999

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X **/s/ Steven David Salway**

Steven David Salway, Debtor 1

Executed on **07/23/2024**

MM/ DD/ YYYY

X **/s/ Jessica Lynn Salway**

Jessica Lynn Salway, Debtor 2

Executed on **07/23/2024**

MM/ DD/ YYYY

Debtor 1	Steven	David	Salway	
Debtor 2	Jessica	Lynn	Salway	
	First Name	Middle Name	Last Name	Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Ron Brown Date 07/23/2024
Signature of Attorney for Debtor MM / DD / YYYY

Ron Brown
Printed name

Brown Law Firm PC
Firm name

1609 E. 4th St.
Number Street

Tulsa **OK** **74120**
City State ZIP Code

Contact phone **(918) 585-9500** Email address **ron@ronbrownlaw.com**

16352 **OK**
Bar number State

Fill in this information to identify your case and this filing:

Debtor 1	<u>Steven</u>	<u>David</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jessica</u>	<u>Lynn</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Northern</u> District of <u>Oklahoma</u>			
Case number	_____		

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1 329 N Cummings Ave

Street address, if available, or other description

Bartlesville, OK 74006-1902

City State ZIP Code

Washington

County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Legal: THE SOUTH 24 FEET OF LOT TEN (10) AND THE NORTH 36 FEET OF LOT ELEVEN (11) IN BLOCK ONE (1) OF L.R. NEAVES REVISED ADDITION TO THE CITY OF BARTLESVILLE, WASHINGTON COUNTY, STATE OF OKLAHOMA

Source of Value: FMV

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$80,000.00

Current value of the portion you own?

\$80,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Joint Tenancy

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here

\$80,000.00**Part 2:** Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor **Salway, Steven David; Salway, Jessica Lynn**

Case number (if known) _____

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles☐ No☒ Yes3.1 Make: Suzuki Who has an interest in the property? Check one.Model: HayabusaYear: 2019Approximate mileage: 6000

Other information:

Motor Cycle
VIN: JS1GX72B1K7100758☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?**\$14,190.00**Current value of the portion you own?**\$14,190.00

If you own or have more than one, describe here:

3.2 Make: Ford Who has an interest in the property? Check one.Model: MustangYear: 2020Approximate mileage: 65000

Other information:

VIN: 1FA6P8CFXL5129316☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?**\$25,543.00**Current value of the portion you own?**\$25,543.003.3 Make: Subaru Who has an interest in the property? Check one.Model: WRXYear: 2020Approximate mileage: 43000

Other information:

VIN: JF1VA2E6XL9808339☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?**\$30,077.00**Current value of the portion you own?**\$30,077.00**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*☒ No☐ Yes

4.1 Make: _____ Who has an interest in the property? Check one.

Model: _____

Year: _____

Other information:

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?**

Debtor **Salway, Steven David; Salway, Jessica Lynn**

Case number (if known) _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$69,810.00**Part 3:** Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.**Misc. household goods and furnishings****\$3,000.00**7. **Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.**Three cellphones, three tv's, three security cameras, one smart watch, and one game system****\$1,000.00**8. **Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.9. **Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☐ No☒ Yes. Describe.**One bicycle.****\$100.00**10. **Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☐ No☒ Yes. Describe.**One handgun and one shotgun****\$600.00**11. **Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.**Clothes****\$1,000.00**

Debtor **Salway, Steven David; Salway, Jessica Lynn**

Case number (if known) _____

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.**One wedding band****\$300.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.**Four dog****\$0.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☐ No☒ Yes. Give specific information.**One push lawn mower and one weed eater.****\$250.00****15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →**\$6,250.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes Cash:**\$300.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

17.1. Checking account:	Bank of Oklahoma Account Number: 8870	\$28.00
17.2. Checking account:	Truity Credit Union Account Number: XXX3-40	\$611.14
17.3. Savings account:	Truity Credit Union Account Number: XXX3-24	\$0.24
17.4. Savings account:	Truity Credit Union Account Number: XXX3-01	\$5.00

Debtor **Salway, Steven David; Salway, Jessica Lynn**

Case number (if known) _____

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes Institution or issuer name:

_____	_____
_____	_____
_____	_____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☐ No☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

BVille Nutrition LLC | 100% D2 | LLC holds the following assets:**100.00%**

- Cash Drawer with \$250 FMV

- Ice machine - Rented

- Herbalife Supplies with \$500 FMV

- Chairs in Lobby with \$500 FMV

- Desk Chairs with \$125 FMV

- Bank of Oklahoma Account number ending in 8406

LLC owes the following debts:

- \$16k loan to Bank of Oklahoma

- Month to month rent in 819 S Madison Blvd, Blvd, OK 74006

\$0.00

Value is computed at \$0 because liabilities exceed the assets. This information provided on this non-filing entity is not designed to be a full disclosure of all of the company's assets, liabilities and transactions, but is given for informational purposes. Debtor is available to answer questions about this business.

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name:

_____	_____
_____	_____
_____	_____

Debtor **Salway, Steven David; Salway, Jessica Lynn**

Case number (if known) _____

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☒ No☐ Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: _____

Pension plan: _____

IRA: _____

Retirement account: _____

Keogh: _____

Additional account: _____

Additional account: _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes Institution name or individual:

Electric: _____

Gas: _____

Heating oil: _____

Security deposit on rental unit: _____

Prepaid rent: _____

Telephone: _____

Water: _____

Rented furniture: _____

Other: _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes Issuer name and description:

Debtor **Salway, Steven David; Salway, Jessica Lynn**

Case number (if known) _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	_____
_____	_____
_____	_____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them. ...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

Money or property owed to you?**Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: _____

State: _____

Local: _____

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

Debtor **Salway, Steven David; Salway, Jessica Lynn**

Case number (if known) _____

☒ No☐ Yes. Give specific information.

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. **Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.31. **Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☐ No☒ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

State Farm | Vehicle insurance policyDebtor\$0.00StateFarm | Homeowner's insurance policyDebtor\$0.00Through employer | Health insurance policyDebtor\$0.00Through employer | Term life insurance policy \$50k death benefits onlyHusband\$0.0032. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.

Debtor **Salway, Steven David; Salway, Jessica Lynn**

Case number (if known) _____

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.35. **Any financial assets you did not already list**☒ No☐ Yes. Give specific information.36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here****\$944.38****Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.37. **Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**
Do not deduct secured claims or exemptions.38. **Accounts receivable or commissions you already earned**☒ No☐ Yes. Describe.39. **Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☒ No☐ Yes. Describe.40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe.41. **Inventory**☒ No☐ Yes. Describe.

Debtor **Salway, Steven David; Salway, Jessica Lynn**

Case number (if known) _____

42. Interests in partnerships or joint ventures☒ No☐ Yes. Describe

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.

44. Any business-related property you did not already list☒ No☐ Yes. Give specific information

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here**\$0.00****Part 6:**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor **Salway, Steven David; Salway, Jessica Lynn**

Case number (if known) _____

47. Farm animals*Examples:* Livestock, poultry, farm-raised fish☒ No☐ Yes**48. Crops—either growing or harvested**☒ No☐ Yes. Give specific information.**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**☒ No☐ Yes**50. Farm and fishing supplies, chemicals, and feed**☒ No☐ Yes**51. Any farm- and commercial fishing-related property you did not already list**☒ No☐ Yes. Give specific information.**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here****\$0.00****Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples:* Season tickets, country club membership☒ No☐ Yes. Give specific information.**54. Add the dollar value of all of your entries from Part 7. Write that number here****\$0.00****Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2****\$80,000.00****56. Part 2: Total vehicles, line 5****\$69,810.00****57. Part 3: Total personal and household items, line 15****\$6,250.00**

Debtor **Salway, Steven David; Salway, Jessica Lynn**

Case number (if known) _____

58.	Part 4: Total financial assets, line 36	<u>\$944.38</u>	
59.	Part 5: Total business-related property, line 45	<u>\$0.00</u>	
60.	Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61.	Part 7: Total other property not listed, line 54	+ <u>\$0.00</u>	
62.	Total personal property. Add lines 56 through 61.	<u>\$77,004.38</u>	Copy personal property total → + <u>\$77,004.38</u>
63.	Total of all property on Schedule A/B. Add line 55 + line 62.		<u>\$157,004.38</u>

Fill in this information to identify your case:

Debtor 1	Steven	David	Salway
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jessica	Lynn	Salway
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Oklahoma			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
Brief description:	329 N Cummings Ave Bartlesville, OK 74006-1902	<u>\$80,000.00</u>	<input type="checkbox"/> _____	<u>Okla. Stat. tit. 31 §§ 1(A)(1), (2)</u>
Line from <i>Schedule A/B</i> :	<u>1.1</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>2019 Suzuki Hayabusa</u> VIN: <u>JS1GX72B1K7100758</u> <u>Motor Cycle</u>	<u>\$14,190.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 31 § 1(A)(13)</u>
Line from Schedule A/B: <u>3.1</u>			
Brief description: <u>2020 Subaru WRX</u> VIN: <u>JF1VA2E6XL9808339</u>	<u>\$30,077.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 31 § 1(A)(13)</u>
Line from Schedule A/B: <u>3.3</u>			
Brief description: <u>Misc. household goods and furnishings</u>	<u>\$3,000.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 31 § 1(A)(3)</u>
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Three cellphones, three tv's, three security cameras, one smart watch, and one game system</u>	<u>\$1,000.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 31 § 1(A)(3)</u>
Line from Schedule A/B: <u>7</u>			
Brief description: <u>One handgun and one shotgun</u>	<u>\$600.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 31 § 1(A)(14)</u>
Line from Schedule A/B: <u>10</u>			
Brief description: <u>Clothes</u>	<u>\$1,000.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 31 § 1(A)(7)</u>
Line from Schedule A/B: <u>11</u>			

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>One wedding band</u> Line from Schedule A/B: <u>12</u>	<u>\$300.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 31 § 1(A)(8)</u>
Brief description: <u>One push lawn mower and one weed eater.</u> Line from Schedule A/B: <u>14</u>	<u>\$250.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 31 § 1(A)(3)</u>
Brief description: <u>Cash</u> Line from Schedule A/B: <u>16</u>	<u>\$300.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 31 §§ 1(A)(18), 1.1</u>
Brief description: <u>Bank of Oklahoma Checking account Acct. No.: 8870</u> Line from Schedule A/B: <u>17</u>	<u>\$28.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 31 §§ 1(A)(18), 1.1</u>
Brief description: <u>Truity Credit Union Checking account Acct. No.: XXX3-40</u> Line from Schedule A/B: <u>17</u>	<u>\$611.14</u>	<input checked="" type="checkbox"/> <u>\$458.35</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 31 §§ 1(A)(18), 1.1</u>
Brief description: <u>Truity Credit Union Savings account Acct. No.: XXX3-24</u> Line from Schedule A/B: <u>17</u>	<u>\$0.24</u>	<input checked="" type="checkbox"/> <u>\$0.18</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 31 §§ 1(A)(18), 1.1</u>
Brief description: <u>Truity Credit Union Savings account Acct. No.: XXX3-01</u> Line from Schedule A/B: <u>17</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$3.75</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 31 §§ 1(A)(18), 1.1</u>
Brief description: <u>StateFarm Homeowner's insurance policy</u> Line from Schedule A/B: <u>31</u>	<u>\$0.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 36 § 3631.1</u>

Debtor 1 Steven David Salway Case number (if known) _____

Debtor 2 Jessica Lynn Salway

First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description:	<u>State Farm Vehicle insurance policy</u>	<u>\$0.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 36 § 3631.1</u>
Line from Schedule A/B:	<u>31</u>			
Brief description:	<u>Through employer Health insurance policy</u>	<u>\$0.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 36 § 3631.1</u>
Line from Schedule A/B:	<u>31</u>			
Brief description:	<u>Through employer Term life insurance policy \$50k death benefits only</u>	<u>\$0.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Okla. Stat. tit. 36 § 3631.1</u>
Line from Schedule A/B:	<u>31</u>			

Fill in this information to identify your case:

Debtor 1	Steven	David	Salway
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jessica	Lynn	Salway
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Oklahoma			
Case number (if known) _____			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

2.1	Bank of Oklahoma Creditor's Name 3815 E Frank Phillips Blvd Number Street Bartlesville, OK 74006-8317 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 2009 Last 4 digits of account number 0 8 5 3	Describe the property that secures the claim: \$39,000.00 329 N Cummings Ave Bartlesville, OK 74006-1902 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Mortgage	\$80,000.00 \$0.00
-----	--	--	-------------------------------------

Add the dollar value of your entries in Column A on this page. Write that number here:

\$39,000.00

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.2	Freedom Road Financial Describe the property that secures the claim: <u>\$10,480.00</u> Creditor's Name <u>2019 Suzuki Hayabusa</u> <u>10605 Double R Blvd, #100</u> Number Street <u>Motor Cycle</u> <u>Reno, NV 89521-0000</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>9/1/2022</u> Last 4 digits of account number <u>7 4 0 4</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Purchase Money Security Interest</u>	<u>\$10,480.00</u>	<u>\$14,190.00</u>	<u>\$0.00</u>
2.3	Truity Credit Union Describe the property that secures the claim: <u>\$37,950.00</u> Creditor's Name <u>2020 Ford Mustang</u> <u>Po Box 1358</u> Number Street <u>Bartlesville, OK 74005-1358</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>3/1/2022</u> Last 4 digits of account number <u>0 1 0 1</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Purchase Money Security Interest</u>	<u>\$37,950.00</u>	<u>\$25,543.00</u>	<u>\$12,407.00</u>
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$48,430.00</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				

Debtor 1 Steven David Salway Case number (if known) _____

Debtor 2 Jessica Lynn Salway

First Name Middle Name Last Name

Part 1:		Column A	Column B	Column C	
Additional Page		Amount of claim	Value of collateral that supports this claim	Unsecured portion	
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Do not deduct the value of collateral.		If any	
2.4	TTCU Creditor's Name Po Box 4999 Number Street Tulsa, OK 74159-0999 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>1/1/2022</u> Last 4 digits of account number <u>0</u> <u>1</u> <u>0</u> <u>0</u>	Describe the property that secures the claim: 2020 Subaru WRX As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Purchase Money Security Interest</u>	\$28,388.00	\$30,077.00	\$0.00
Add the dollar value of your entries in Column A on this page. Write that number here:		\$28,388.00			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$115,818.00			

Fill in this information to identify your case:

Debtor 1	Steven	David	Salway
	First Name	Middle Name	Last Name
Debtor 2	Jessica	Lynn	Salway
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Oklahoma			
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims against you?**

☒ No. Go to Part 2.
☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

- 3. Do any creditors have nonpriority unsecured claims against you?**

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes

4. **List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

<div>4.1</div> <div>American Eagle</div> <hr/> <div>Nonpriority Creditor's Name</div> <div>Po Box 71757</div> <hr/> <div>Number Street</div> <hr/> <div>Philadelphia, PA 19176-1757</div> <hr/> <div>City State ZIP Code</div>		<div>Last 4 digits of account number</div> <div>3 1 1 0</div> <hr/> <div>When was the debt incurred?</div> <div>Unknown</div> <hr/> <div>As of the date you file, the claim is: Check all that apply.</div> <div> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div>Type of NONPRIORITY unsecured claim:</div> <div> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> </div>	<div>Total claim</div> <div>\$1,160.00</div>
<div>Who incurred the debt? Check one.</div> <div> <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt </div> <div>Is the claim subject to offset?</div> <div> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>			

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.2	American Eagle Nonpriority Creditor's Name Po Box 71757 Number Street Philadelphia, PA 19176-1757 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9 9 5 1</u> When was the debt incurred? <u>2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<u>unknown</u>	
4.3	Ascension St. John Nonpriority Creditor's Name Po Box 42008 Number Street Phoenix, AZ 85080-2008 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9 8 9 7</u> When was the debt incurred? <u>2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<u>\$562.52</u>	

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4 Bank of Oklahoma Last 4 digits of account number 6 1 8 0 \$17,232.67

Nonpriority Creditor's Name

Po Box 790299When was the debt incurred? 2020

Number Street

As of the date you file, the claim is: Check all that apply.

Saint Louis, MO 63179-0299

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Business Debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.5 Capital One Last 4 digits of account number 0 5 8 8 \$475.00

Nonpriority Creditor's Name

Po Box 3123When was the debt incurred? Unknown

Number Street

As of the date you file, the claim is: Check all that apply.

Salt Lake Cty, UT 84110

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Credit Card

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 Steven David Salway Case number (if known) _____

Debtor 2 Jessica Lynn Salway

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.6	CBNA Wayfair	Last 4 digits of account number	<u>3 2 0 2</u>	<u>\$3,398.00</u>
Nonpriority Creditor's Name		When was the debt incurred? <u>2021</u>		
Po Box 6497				
Number Street				
Sioux Falls, SD 57117-6497		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.7	CBNA Wayfair	Last 4 digits of account number	<u>2 3 9 1</u>	<u>unknown</u>
Nonpriority Creditor's Name		When was the debt incurred? <u>2021</u>		
Po Box 6497				
Number Street				
Sioux Falls, SD 57117-6497		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.8	Comenity Bank Maurices	Last 4 digits of account number	<u>2 0 2 1</u>	\$1,795.00
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 182789		<u>8060</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Columbus, OH 43218-2789		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.9	Comenity/The Buckle	Last 4 digits of account number	<u>3 7 0 8</u>	\$2,400.00
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 182273		<u>Unknown</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Columbus, OH 43218-2273		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Steven David Salway Case number (if known) _____

Debtor 2 Jessica Lynn Salway

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.10	Comenity/The Buckle Nonpriority Creditor's Name Po Box 182273 Number Street Columbus, OH 43218-2273 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4 4 8 2</u> When was the debt incurred? <u>Unknown</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<u>unknown</u>
4.11	Cornerstone Nonpriority Creditor's Name 633 Spirit Drive Number Street Chesterfield, MO 63005 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 0 0 2</u> When was the debt incurred? <u>1/1/2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<u>\$78,461.00</u>

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.12	Cornerstone	Last 4 digits of account number	<u>0 0 0 5</u>	\$21,335.00
Nonpriority Creditor's Name		When was the debt incurred?		
633 Spirit Drive		<u>9/1/2019</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Chesterfield, MO 63005		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.13	Cornerstone	Last 4 digits of account number	<u>0 0 0 6</u>	\$20,912.00
Nonpriority Creditor's Name		When was the debt incurred?		
633 Spirit Drive		<u>5/1/2020</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Chesterfield, MO 63005		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.14	Cornerstone	Last 4 digits of account number	<u>0 0 0 3</u>	\$18,122.00
Nonpriority Creditor's Name		When was the debt incurred?		
633 Spirit Drive		<u>1/1/2018</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Chesterfield, MO 63005		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.15	Cornerstone	Last 4 digits of account number	<u>0 0 0 4</u>	\$17,389.00
Nonpriority Creditor's Name		When was the debt incurred?		
633 Spirit Drive		<u>11/1/2018</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Chesterfield, MO 63005		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.16	Credit Bureau Systems	Last 4 digits of account number	<u>8 4 5 9</u>	\$2,988.00
Nonpriority Creditor's Name		When was the debt incurred?		
Attn: Bankruptcy		<u>8/2/2022</u>		
100 Fulton Court		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Paducah, KY 42001		Type of NONPRIORITY unsecured claim:		
City State ZIP Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>MedicalDebt</u>		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.17	Credit One	Last 4 digits of account number	<u>9 6 2 4</u>	\$1,250.00
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 98872		<u>Unknown</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Las Vegas, NV 89193-8872		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Steven David Salway Case number (if known) _____

Debtor 2 Jessica Lynn Salway

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.18	Credit One Bank Na Nonpriority Creditor's Name Po Box 98872 Number Street Las Vegas, NV 89193-8872 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7 4 8 4</u> When was the debt incurred? <u>Unknown</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		<u>unknown</u>
4.19	Credit One Bank Na Nonpriority Creditor's Name Po Box 98872 Number Street Las Vegas, NV 89193-8872 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9 3 0 5</u> When was the debt incurred? <u>Unknown</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		<u>\$1,200.00</u>

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.20	Credit One Bank Na Nonpriority Creditor's Name Po Box 98872 Number Street Las Vegas, NV 89193-8872 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 1 2 2</u> When was the debt incurred? <u>Unknown</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<u>unknown</u>
4.21	Cws/cw Nexus Nonpriority Creditor's Name Po Box 9201 Number Street Old Bethpage, NY 11804 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8 7 6 2</u> When was the debt incurred? <u>3/1/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$2,139.00</u>

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.22	Discover Financial	Last 4 digits of account number	<u>5 9 0 1</u>	<u>\$5,371.00</u>
Nonpriority Creditor's Name		When was the debt incurred?		
Attn: Bankruptcy		<u>8/1/2022</u>		
PO Box 3025		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
New Albany, OH 43054		Type of NONPRIORITY unsecured claim:		
City State ZIP Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.23	Discover Financial	Last 4 digits of account number	<u>0 0 5 7</u>	<u>unknown</u>
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 30939		<u>Unknown</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Salt Lake Cty, UT 84130-0939		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	<u>Steven</u>	<u>David</u>	<u>Salway</u>	Case number (if known) _____
Debtor 2	<u>Jessica</u>	<u>Lynn</u>	<u>Salway</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.24	Emergency Health	Last 4 digits of account number	<u>4</u> <u>9</u> <u>0</u> <u>3</u>	\$357.50
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Nonpriority Creditor's Name

Po Box 207529

Number Street

Dallas, TX 75320-7529

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

11/04/2023

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical Bill

4.25	Goldman Sachs Bank USA	Last 4 digits of account number	<u>8</u> <u>8</u> <u>2</u> <u>6</u>	\$3,874.00
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Nonpriority Creditor's Name

PO Box 45400

Number Street

Salt Lake City, UT 84145-0400

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

8/1/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CreditCard

Debtor 1 Steven David Salway Case number (if known) _____

Debtor 2 Jessica Lynn Salway

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.26 Goldman Sachs Bank USA Last 4 digits of account number 2 4 0 7 **\$2,565.00**

Nonpriority Creditor's Name

PO Box 45400When was the debt incurred? 9/1/2021

Number Street

As of the date you file, the claim is: Check all that apply.

Salt Lake City, UT 84145-0400☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 only☐ Student loans☒ Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debtor 1 and Debtor 2 only☐ Debts to pension or profit-sharing plans, and other similar debts☐ At least one of the debtors and another☐ Check if this claim is for a community debt☒ Other. Specify CreditCard

Is the claim subject to offset?

☒ No☐ Yes

4.27 Hillcrest HealthCare System Last 4 digits of account number 0 0 0 7 **\$2,232.19**

Nonpriority Creditor's Name

10502 N 110th East AveWhen was the debt incurred? 11/04/2023

Number Street

As of the date you file, the claim is: Check all that apply.

Owasso, OK 74055-6655☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 only☐ Student loans☐ Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ Debtor 1 and Debtor 2 only☐ Debts to pension or profit-sharing plans, and other similar debts☐ At least one of the debtors and another☐ Check if this claim is for a community debt☒ Other. Specify Medical Bill

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Steven David Salway Case number (if known) _____

Debtor 2 Jessica Lynn Salway

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.28	Internal Revenue Service	Last 4 digits of account number	<u>6 1 8 0</u>	\$10,048.29
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 7346		<u>2013</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Philadelphia, PA 19101-7346		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Taxes</u>		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.29	Internal Revenue Service	Last 4 digits of account number	<u>6 1 8 0</u>	\$3,386.67
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 7346		<u>2014</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Philadelphia, PA 19101-7346		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Taxes</u>		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.30 Internal Revenue Service Last 4 digits of account number 6 1 8 0 **\$5,537.56**

Nonpriority Creditor's Name

Po Box 7346When was the debt incurred? 2015

Number Street

As of the date you file, the claim is: Check all that apply.

Philadelphia, PA 19101-7346☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☐ Debtor 1 only

Type of NONPRIORITY unsecured claim:

☐ Debtor 2 only☐ Student loans☒ Debtor 1 and Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ At least one of the debtors and another☐ Debts to pension or profit-sharing plans, and other similar debts☐ Check if this claim is for a community debt☒ Other. Specify Taxes

Is the claim subject to offset?

☒ No☐ Yes

4.31 Internal Revenue Service Last 4 digits of account number 6 1 8 0 **\$3,000.00**

Nonpriority Creditor's Name

Po Box 7346When was the debt incurred? 2016

Number Street

As of the date you file, the claim is: Check all that apply.

Philadelphia, PA 19101-7346☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☐ Debtor 1 only

Type of NONPRIORITY unsecured claim:

☐ Debtor 2 only☐ Student loans☒ Debtor 1 and Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ At least one of the debtors and another☐ Debts to pension or profit-sharing plans, and other similar debts☐ Check if this claim is for a community debt☒ Other. Specify Taxes

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.32 Internal Revenue Service Last 4 digits of account number 6 1 8 0 **\$2,749.15**

Nonpriority Creditor's Name

Po Box 7346When was the debt incurred? 2018

Number Street

As of the date you file, the claim is: Check all that apply.

Philadelphia, PA 19101-7346☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 only☐ Student loans☐ Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ Debtor 1 and Debtor 2 only☐ Debts to pension or profit-sharing plans, and other similar debts☐ At least one of the debtors and another☐ Check if this claim is for a community debt☒ Other. Specify Taxes

Is the claim subject to offset?

☒ No☐ Yes

4.33 Internal Revenue Service Last 4 digits of account number 6 1 8 0 **\$233.12**

Nonpriority Creditor's Name

Po Box 7346When was the debt incurred? 2019

Number Street

As of the date you file, the claim is: Check all that apply.

Philadelphia, PA 19101-7346☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 only☐ Student loans☐ Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ Debtor 1 and Debtor 2 only☐ Debts to pension or profit-sharing plans, and other similar debts☐ At least one of the debtors and another☐ Check if this claim is for a community debt☒ Other. Specify Taxes

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.34 Labcorp Last 4 digits of account number 1 3 5 9 \$132.19

Nonpriority Creditor's Name

Po Box 8007

When was the debt incurred?

11/04/2023

Number

Street

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedBurlington, NC 27216-8007

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill

Is the claim subject to offset?

☒ No☐ Yes

4.35 Lvnv Funding/Resurgent Capital Last 4 digits of account number 2 3 9 1 \$4,201.00

Nonpriority Creditor's Name

Attn: Bankruptcy

When was the debt incurred?

9/1/2023PO Box 10497

Number

Street

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedGreenville, SC 29603

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Agency

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.36 Lvnv Funding/Resurgent Capital Last 4 digits of account number 0 1 2 2 **\$1,819.00**

Nonpriority Creditor's Name

Attn: Bankruptcy

When was the debt incurred?

12/1/2023PO Box 10497

Number Street

As of the date you file, the claim is: Check all that apply.

Greenville, SC 29603

City State ZIP Code

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Agency

Is the claim subject to offset?

☒ No☐ Yes

4.37 Marshall County Hospital Last 4 digits of account number 0 8 5 3 **\$2,988.00**

Nonpriority Creditor's Name

Po Box 9200

When was the debt incurred?

Unknown

Number Street

As of the date you file, the claim is: Check all that apply.

Paducah, KY 42002-9200

City State ZIP Code

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.38 Merrick Bank Last 4 digits of account number 3 9 5 0 \$1,750.00

Nonpriority Creditor's Name

Po Box 9201

When was the debt incurred?

Unknown

Number Street

As of the date you file, the claim is: Check all that apply.

Old Bethpage, NY 11804-9001☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☒ Debtor 1 only☐ Student loans☐ Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debtor 1 and Debtor 2 only☐ Debts to pension or profit-sharing plans, and other similar debts☐ At least one of the debtors and another☐ Check if this claim is for a community debt☒ Other. Specify Credit Card

Is the claim subject to offset?

☒ No☐ Yes

4.39 Merrick Bank Last 4 digits of account number 8 7 6 2 unknown

Nonpriority Creditor's Name

Po Box 9201

When was the debt incurred?

Unknown

Number Street

As of the date you file, the claim is: Check all that apply.

Old Bethpage, NY 11804-9001☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☒ Debtor 1 only☐ Student loans☐ Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debtor 1 and Debtor 2 only☐ Debts to pension or profit-sharing plans, and other similar debts☐ At least one of the debtors and another☐ Check if this claim is for a community debt☒ Other. Specify Credit Card

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Steven David Salway Case number (if known) _____

Debtor 2 Jessica Lynn Salway

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.40 Midland Credit Mgmt Last 4 digits of account number 8 1 4 8 **\$4,532.00**

Nonpriority Creditor's Name

Attn: Bankruptcy

When was the debt incurred?

8/1/2023PO Box 939069

Number Street

San Diego, CA 92193

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Agency

Is the claim subject to offset?

☒ No☐ Yes

4.41 Midland Credit Mgmt Last 4 digits of account number 1 5 2 5 **\$2,156.00**

Nonpriority Creditor's Name

Attn: Bankruptcy

When was the debt incurred?

9/1/2023PO Box 939069

Number Street

San Diego, CA 92193

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Agency

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Steven David Salway Case number (if known) _____

Debtor 2 Jessica Lynn Salway

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.42	Navient	Last 4 digits of account number	<u>8 8 1 2</u>	\$15,027.00
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 9500		<u>11/1/2008</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Wilkes Barre, PA 18773-9500		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.43	Oklahoma Tax Commission	Last 4 digits of account number	<u>0 8 5 3</u>	\$3,752.75
Nonpriority Creditor's Name		When was the debt incurred?		
2501 N Lincoln Blvd		<u>Unknown</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Oklahoma City, OK 73105-4508		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Taxes</u>		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Steven David Salway Case number (if known) _____

Debtor 2 Jessica Lynn Salway

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.44 Pathology Laboratory Associates Last 4 digits of account number 6 2 7 8 \$52.59

Nonpriority Creditor's Name

Dept 1050

When was the debt incurred?

11/04/2023

Number Street

As of the date you file, the claim is: Check all that apply.

Tulsa, OK 74182-0001☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 only☐ Student loans☒ Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debtor 1 and Debtor 2 only☐ Debts to pension or profit-sharing plans, and other similar debts☐ At least one of the debtors and another☐ Check if this claim is for a community debt☒ Other. Specify Medical Bill

Is the claim subject to offset?

☒ No☐ Yes

4.45 Portfolio Recovery Associates, LLC Last 4 digits of account number 7 4 8 4 \$1,748.00

Nonpriority Creditor's Name

PO Box 41067

When was the debt incurred?

12/1/2023

Number Street

As of the date you file, the claim is: Check all that apply.

Norfolk, VA 23541-0000☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☒ Debtor 1 only☐ Student loans☐ Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debtor 1 and Debtor 2 only☐ Debts to pension or profit-sharing plans, and other similar debts☐ At least one of the debtors and another☐ Check if this claim is for a community debt☒ Other. Specify Collection Agency

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Steven David Salway Case number (if known) _____

Debtor 2 Jessica Lynn Salway

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.46 Portfolio Recovery Associates, LLC Last 4 digits of account number 1 2 9 3 \$694.00

Nonpriority Creditor's Name

PO Box 41067

When was the debt incurred?

1/1/2024

Number

Street

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedNorfolk, VA 23541-0000

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Agency

Is the claim subject to offset?

☒ No☐ Yes

4.47 Service Finance Company Last 4 digits of account number 9 6 6 0 \$7,981.00

Nonpriority Creditor's Name

Attn: Bankruptcy

When was the debt incurred?

1/1/2022PO Box 2935

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Number

Street

Gainesville, GA 30503

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Payday/Installment Loan

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Steven David Salway Case number (if known) _____

Debtor 2 Jessica Lynn Salway

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.48	Synchrony Bank Nonpriority Creditor's Name Po Box 71715 Number Street Philadelphia, PA 19176-1715 City State ZIP Code	Last 4 digits of account number <u>7 2 0 8</u> When was the debt incurred? <u>Unknown</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<u>unknown</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.49	Synchrony Bank/HHGregg Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Number Street Orlando, FL 32896-5060 City State ZIP Code	Last 4 digits of account number <u>1 1 2 6</u> When was the debt incurred? <u>12/1/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<u>\$1,730.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.50 Synchrony Bank/HHGregg Last 4 digits of account number 1 3 3 7 **\$1,103.00**

Nonpriority Creditor's Name

Attn: Bankruptcy

When was the debt incurred?

12/1/2021PO Box 965060

Number Street

Orlando, FL 32896-5060

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Credit Card

Is the claim subject to offset?

- ☒ No
☐ Yes

4.51 Ulta Mastercard Last 4 digits of account number 1 7 1 0 **\$4,079.00**

Nonpriority Creditor's Name

Po Box 183003

When was the debt incurred?

2021

Number Street

Columbus, OH 43218-3003

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Credit Card

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 Steven David Salway Case number (if known) _____
 Debtor 2 Jessica Lynn Salway
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.52 Ulta Mastercard Last 4 digits of account number 9 0 2 5 unknown

Nonpriority Creditor's Name

Po Box 183003

When was the debt incurred?

Unknown

Number Street

As of the date you file, the claim is: Check all that apply.

Columbus, OH 43218-3003☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 only☐ Student loans☐ Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ Debtor 1 and Debtor 2 only☐ Debts to pension or profit-sharing plans, and other similar debts☐ At least one of the debtors and another☐ Check if this claim is for a community debt☒ Other. Specify Credit Card

Is the claim subject to offset?

☒ No☐ Yes

4.53 Utica Park Last 4 digits of account number 3 1 6 8 \$423.93

Nonpriority Creditor's Name

10502 N 110th East Ave

When was the debt incurred?

11/04/2023

Number Street

As of the date you file, the claim is: Check all that apply.

Owasso, OK 74055-6655☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 only☐ Student loans☐ Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ Debtor 1 and Debtor 2 only☐ Debts to pension or profit-sharing plans, and other similar debts☐ At least one of the debtors and another☐ Check if this claim is for a community debt☒ Other. Specify Medical Bill

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Steven David Salway Case number (if known) _____

Debtor 2 Jessica Lynn Salway

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.54	Utica Park Clinic	Last 4 digits of account number	<u>1 6 0 8</u>	\$213.41
Nonpriority Creditor's Name		When was the debt incurred?		
Dept 1304		<u>11/04/2023</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Tulsa, OK 74182-0001		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.55	Velocity Investment	Last 4 digits of account number	<u>6 1 5 4</u>	\$20,567.00
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 788		<u>2022</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Belmar, NJ 07719-0788		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Steven David Salway Case number (if known) _____

Debtor 2 Jessica Lynn Salway

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.56 Verizon Wireless Last 4 digits of account number 0 0 0 1 \$3,413.00

Nonpriority Creditor's Name

PO Box 105When was the debt incurred? 6/1/2022

Number Street

As of the date you file, the claim is: Check all that apply.

Atlanta, GA 30348-0000☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Utility Bill

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1	<u>Steven</u>	<u>David</u>	<u>Salway</u>	Case number (if known) _____
Debtor 2	<u>Jessica</u>	<u>Lynn</u>	<u>Salway</u>	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1. Merrick Bank On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____
10705 S Jordan Gtwy
 Number _____ Street _____

Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

South Jordan, UT 84095-3926

City _____ State _____ ZIP Code _____

2. Carson Smithfield On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____
PO Box 660397
 Number _____ Street _____

Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Dallas, TX 75266-0000

City _____ State _____ ZIP Code _____

3. Citi On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____
Po Box 790040
 Number _____ Street _____

Line 4.35 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Saint Louis, MO 63179-0040

City _____ State _____ ZIP Code _____

4. Comenity Bank Maurices On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____
Po Box 182273
 Number _____ Street _____

Line 4.41 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Columbus, OH 43218-2273

City _____ State _____ ZIP Code _____

5. Linebarger Goggan Blair & Sampson, LLP On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____
Po Box 950391
 Number _____ Street _____

Line 4.43 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Oklahoma City, OK 73195-0391

City _____ State _____ ZIP Code _____

6. Client Services, Inc On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____
3451 Harry Truman Blvd
 Number _____ Street _____

Line 4.50 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Saint Charles, MO 63301-4047

City _____ State _____ ZIP Code _____

Debtor 1	Steven	David	Salway	Case number (if known) _____
Debtor 2	Jessica	Lynn	Salway	
	First Name	Middle Name	Last Name	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	<u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	<u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	<u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +	<u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e.	<div style="border: 1px solid black; padding: 2px;"><u>\$0.00</u></div>
		Total claim	
Total claims from Part 2	6f. Student loans	6f.	<u>\$171,246.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	<u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	<u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	<u>\$137,290.54</u>
	6j. Total. Add lines 6f through 6i.	6j.	<div style="border: 1px solid black; padding: 2px;"><u>\$308,536.54</u></div>

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>David</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jessica</u>	<u>Lynn</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Oklahoma</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div>	
2.2	<div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div>	
2.3	<div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div>	
2.4	<div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div>	

Fill in this information to identify your case:

Debtor 1	Steven	David	Salway
	First Name	Middle Name	Last Name
Debtor 2	Jessica	Lynn	Salway
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Oklahoma			
Case number _____ (if known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

 Name of your spouse, former spouse, or legal equivalent

 Number Street

 City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 BVille Nutrition, LLC

Name

819 S Madison Blvd

Number Street

Bartlesville, OK 74006-8534

City State ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line **4.4**

☐ Schedule G, line _____

3.2

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>David</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jessica</u>	<u>Lynn</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Oklahoma</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☐ Employed ☒ Not Employed

Occupation

Self-employed

Employer's name

Employer's address

Number Street

City State Zip Code

How long employed there?

Debtor 2 or non-filing spouse

☒ Employed ☐ Not EmployedCase ManagerDepartment of Human ServicesPo Box 248893

Number Street

Oklahoma City, OK 73124-8893

City State Zip Code

1 year

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2.

For Debtor 1

\$2,835.94

For Debtor 2 or non-filing spouse

\$4,945.73

3. Estimate and list monthly overtime pay.

3.

+ \$0.00+ \$0.00

4. Calculate gross income. Add line 2 + line 3.

4.

\$2,835.94\$4,945.73

Debtor 1
Debtor 2Steven
JessicaDavid
LynnSalway
Salway

First Name

Middle Name

Last Name

Case number (if known) _____

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here.....→	4.	\$2,835.94	\$4,945.73	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$344.20	\$464.75	
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$121.61	
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
5e. Insurance	5e.	\$0.15	\$1,573.29	
5f. Domestic support obligations	5f.	\$0.00	\$0.00	
5g. Union dues	5g.	\$0.00	\$0.00	
5h. Other deductions. Specify: _____	5h. +	\$0.00	\$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$344.35	\$2,159.65	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,491.59	\$2,786.08	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00	
8b. Interest and dividends	8b.	\$0.00	\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00	
8d. Unemployment compensation	8d.	\$0.00	\$0.00	
8e. Social Security	8e.	\$0.00	\$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	\$0.00	
8g. Pension or retirement income	8g.	\$0.00	\$0.00	
8h. Other monthly income. Specify: _____	8h. +	\$0.00	\$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00	\$0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$2,491.59	\$2,786.08	= \$5,277.67
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +		\$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12.		\$5,277.67	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____				

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>David</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jessica</u>	<u>Lynn</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Oklahoma</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☐ No☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child12☐ No. ☒ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$576.81

If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$150.00

4d. Homeowner's association or condominium dues

4d. \$0.00

Debtor 1
Debtor 2**Steven
Jessica****David
Lynn****Salway
Salway**

First Name

Middle Name

Last Name

Case number (if known) _____

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. <u>\$0.00</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. <u>\$245.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$135.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$120.00</u>
6d.	Other. Specify: <u>Home Security</u>	6d. <u>\$65.00</u>
7.	Food and housekeeping supplies	7. <u>\$977.00</u>
8.	Childcare and children's education costs	8. <u>\$0.00</u>
9.	Clothing, laundry, and dry cleaning	9. <u>\$200.00</u>
10.	Personal care products and services	10. <u>\$175.00</u>
11.	Medical and dental expenses	11. <u>\$155.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$200.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$150.00</u>
14.	Charitable contributions and religious donations	14. <u>\$0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$0.00</u>
15b.	Health insurance	15b. <u>\$0.00</u>
15c.	Vehicle insurance	15c. <u>\$275.00</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1 <u>2019 Suzuki Hayabusa</u>	17a. <u>\$243.00</u>
17b.	Car payments for Vehicle 2 <u>2020 Ford Mustang</u>	17b. <u>\$725.00</u>
17c.	Other. Specify: <u>2020 Subaru WRX</u>	17c. <u>\$750.00</u>
17d.	Other. Specify: _____	17d. <u>\$0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. <u>\$0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	19. <u>\$0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. <u>\$0.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1
Debtor 2**Steven
Jessica**

First Name

**David
Lynn**

Middle Name

**Salway
Salway**

Last Name

Case number (if known) _____

21. **Other.** Specify: _____21. + \$0.0022. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$5,141.81

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$5,141.8123. **Calculate your monthly net income.**23a. Copy line 12 (your combined monthly income) from *Schedule I*.23a. \$5,277.67

23b. Copy your monthly expenses from line 22c above.

23b. - \$5,141.81

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.23c. \$135.8624. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

None

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>David</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jessica</u>	<u>Lynn</u>	<u>Salway</u>
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Northern District of OklahomaCase number
(if known) _____☐ Check if this is an amended filing**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets**Your assets**

Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$80,000.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$77,004.38</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$157,004.38</u>

Part 2: Summarize Your Liabilities**Your liabilities**

Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$115,818.00</u>
---	---------------------

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>+ \$308,536.54</u>

Your total liabilities\$424,354.54**Part 3: Summarize Your Income and Expenses****4. Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$5,277.67</u>
---	-------------------

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$5,141.81</u>
---	-------------------

Debtor 1
Debtor 2**Steven
Jessica**

First Name

**David
Lynn**

Middle Name

**Salway
Salway**

Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.**\$7,781.67****9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**9a. Domestic support obligations (Copy line 6a.) **\$0.00**9b. Taxes and certain other debts you owe the government. (Copy line 6b.) **\$0.00**9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) **\$0.00**9d. Student loans. (Copy line 6f.) **\$171,246.00**9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) **\$0.00**9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) **+** **\$0.00**9g. **Total.** Add lines 9a through 9f.**\$171,246.00**

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>David</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jessica</u>	<u>Lynn</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Oklahoma</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?



No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X/s/ Steven David Salway

Steven David Salway, Debtor 1

X/s/ Jessica Lynn Salway

Jessica Lynn Salway, Debtor 2

Date 07/23/2024

MM/ DD/ YYYY

Date 07/23/2024

MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>David</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jessica</u>	<u>Lynn</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Oklahoma</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	From _____ To _____	Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	From _____ To _____
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	From _____ To _____	Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	From _____ To _____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1	Steven	David	Salway
Debtor 2	Jessica	Lynn	Salway
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross Income (before deductions and exclusions)	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business
	\$0.00	\$23,107.66
	\$0.00	\$0.00
For last calendar year: (January 1 to December 31, <u>2023</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business
	\$0.00	\$28,861.01
	\$0.00	\$26,340.77
For the calendar year before that: (January 1 to December 31, <u>2022</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business
	\$36,681.00	\$0.00
	\$0.00	\$11,939.00

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.☐ No☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
	Gross income from each source (before deductions and exclusions)	Gross Income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		
For last calendar year: (January 1 to December 31, <u>2023</u>) YYYY	Federal and State Tax Refunds	
	\$1,014.00	
For the calendar year before that: (January 1 to December 31, <u>2022</u>) YYYY	Federal and State Tax Refunds	
	\$1,044.00	

Debtor 1
Debtor 2**Steven
Jessica****David
Lynn****Salway
Salway**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Freedom Road Financial Creditor's Name 10605 Double R Blvd, #100 Number Street Reno, NV 89521-0000 City State ZIP Code	Monthly	\$243.00	\$10,480.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Truity Credit Union Creditor's Name Po Box 1358 Number Street Bartlesville, OK 74005-1358 City State ZIP Code	Monthly	\$709.00	\$37,950.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
TTCU Creditor's Name Po Box 4999 Number Street Tulsa, OK 74159-0999 City State ZIP Code	Monthly	\$755.00	\$28,388.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Bank of Oklahoma Creditor's Name 3815 E Frank Phillips Blvd Number Street Bartlesville, OK 74006-8317 City State ZIP Code	Monthly	\$0.00	\$39,000.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1
Debtor 2**Steven
Jessica****David
Lynn****Salway
Salway**

First Name

Middle Name

Last Name

Case number (if known) _____

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Rainey's Tree Service Creditor's Name	June 2024	\$8,500.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other Tree removal
4727 Kevin Cr Number Street				
Bartlesville, OK 74006 City State ZIP Code				

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.



No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.



No

☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1 **Steven** **David** **Salway**
 Debtor 2 **Jessica** **Lynn** **Salway**
 First Name Middle Name Last Name

Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.



No



Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title _____ _____		_____	<input type="checkbox"/> Pending
		Court Name _____	<input type="checkbox"/> On appeal
Case number _____		Number _____ Street _____	<input type="checkbox"/> Concluded
		City _____ State _____ ZIP Code _____	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.



No. Go to line 11.



Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name _____ _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	<div>Explain what happened</div> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	_____	_____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No



Yes. Fill in the details.

	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name _____ _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____		_____	_____

Last 4 digits of account number: XXXX- _ _ _ _

Debtor 1
Debtor 2**Steven
Jessica****David
Lynn****Salway
Salway**

First Name

Middle Name

Last Name

Case number (if known) _____

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☒ No☐ Yes**Part 5:** List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ _____ Number Street City State ZIP Code		_____ _____	_____ _____
Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ Number Street City State ZIP Code		_____ _____	_____ _____

Debtor 1 **Steven** **David** **Salway**
 Debtor 2 **Jessica** **Lynn** **Salway**
 First Name Middle Name Last Name

Case number (if known) _____

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☐ No☒ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
Storm damage to house and deck	Insurance paid \$18,000 for repairs and tree removal.	May 2024	\$18,000.00

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Brown Law Firm PC Person Who Was Paid 1609 E. 4th St. Number Street Tulsa, OK 74120 City State ZIP Code Email or website address Salway, Steven & Jessica Person Who Made the Payment, if Not You	Attorney's Fee, Filing Fee, Credit Report 04/02/2024	\$2,428.00

Evergreen Financial Counseling

Person Who Was Paid

Po Box 3801

Number Street

Salem, OR 97302-0801

City State ZIP Code

Email or website address

Salway, Steven & Jessica

Person Who Made the Payment, if Not You

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Credit Counselling	04/06/2024	\$19.99

Debtor 1
Debtor 2**Steven
Jessica****David
Lynn****Salway
Salway**

First Name

Middle Name

Last Name

Case number (if known) _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.



No



Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid				
Number Street				
City State ZIP Code				

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.



No



Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer		
Number Street		
City State ZIP Code		
Person's relationship to you _____		

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
(These are often called *asset-protection devices*.)

No



Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____	

Debtor 1
Debtor 2Steven
JessicaDavid
LynnSalway
Salway

First Name

Middle Name

Last Name

Case number (if known) _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No☐ Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

Name of Financial Institution

XXXX- _____

☐ Checking☐ Savings☐ Money market☐ Brokerage☐ Other _____

Number Street

City

State

ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?☒ No☐ Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

Name of Financial Institution

Name

☐ No☐ Yes

Number Street

Number Street

City

State

ZIP Code

City

State

ZIP Code

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?☒ No☐ Yes. Fill in the details.

Debtor 1
Debtor 2**Steven
Jessica****David
Lynn****Salway
Salway**

First Name

Middle Name

Last Name

Case number (if known) _____

Who else has or had access to it?

Describe the contents

Do you still have
it?☐ No☐ Yes

Name of Storage Facility

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Part 9: Identify Property You Hold or Control for Someone Else**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**☒ No☐ Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Part 10: Give Details About Environmental Information**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**☒ No☐ Yes. Fill in the details.

Debtor 1
Debtor 2**Steven
Jessica****David
Lynn****Salway
Salway**

First Name

Middle Name

Last Name

Case number (if known) _____

Governmental unit**Environmental law, if you know it****Date of notice**

Name of site

Governmental unit

Number Street

Number Street

City

State ZIP Code

City

State ZIP Code

25. Have you notified any governmental unit of any release of hazardous material?



No



Yes. Fill in the details.

Governmental unit**Environmental law, if you know it****Date of notice**

Name of site

Governmental unit

Number Street

Number Street

City

State ZIP Code

City

State ZIP Code

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.



No



Yes. Fill in the details.

Court or agency**Nature of the case****Status of the case**

Case title

Court Name

Number Street

Case number

City

State ZIP Code

☐ Pending☐ On appeal☐ Concluded

Debtor 1	Steven	David	Salway
Debtor 2	Jessica	Lynn	Salway
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.☒ Yes. Check all that apply above and fill in the details below for each business.**BVille Nutrition, LLC**

Name

Describe the nature of the business

LLC | 100% D2 | Herbalife Sales

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 0 0 - 0 0 0 6 1 8 0**819 S Madison Blvd**

Number Street

Name of accountant or bookkeeper

Dates business existed

From October 2020 To Present**Bartlesville, OK 74006-8534**

City State ZIP Code

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.☒ No☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City

State

ZIP Code

Debtor 1
Debtor 2**Steven
Jessica**

First Name

**David
Lynn**

Middle Name

**Salway
Salway**

Last Name

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Steven David Salway
Signature of Steven David Salway, Debtor 1

X /s/ Jessica Lynn Salway
Signature of Jessica Lynn Salway, Debtor 2

Date 07/23/2024Date 07/23/2024

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>David</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jessica</u>	<u>Lynn</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Oklahoma</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <u>Truity Credit Union</u>	<input type="checkbox"/> Surrender the property.	<input checked="" type="checkbox"/> No
Description of property securing debt: <u>2020 Ford Mustang</u>	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name: <u>TTCU</u>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: <u>2020 Subaru WRX</u>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	

Debtor 1
Debtor 2**Steven
Jessica**

First Name

**David
Lynn**

Middle Name

**Salway
Salway**

Last Name

Case number (if known) _____

Additional Page for Part 1Creditor's
name:**Freedom Road Financial**Description of
property
securing debt:**2019 Suzuki Hayabusa
Motor Cycle**☐ Surrender the property.☐ No☐ Retain the property and redeem it.☒ Yes☒ Retain the property and enter into a
Reaffirmation Agreement.☐ Retain the property and [explain]:Creditor's
name:**Bank of Oklahoma**Description of
property
securing debt:**329 N Cummings Ave Bartlesville, OK
74006-1902**☐ Surrender the property.☐ No☐ Retain the property and redeem it.☒ Yes☒ Retain the property and enter into a
Reaffirmation Agreement.☐ Retain the property and [explain]:

Debtor 1
Debtor 2**Steven
Jessica**

First Name

**David
Lynn**

Middle Name

**Salway
Salway**

Last Name

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**

Lessor's name:

☐ NoDescription of leased
property:☐ Yes

Lessor's name:

☐ NoDescription of leased
property:☐ Yes

Lessor's name:

☐ NoDescription of leased
property:☐ Yes

Lessor's name:

☐ NoDescription of leased
property:☐ Yes

Lessor's name:

☐ NoDescription of leased
property:☐ Yes

Lessor's name:

☐ NoDescription of leased
property:☐ Yes

Lessor's name:

☐ NoDescription of leased
property:☐ Yes**Part 3:** Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X/s/ Steven David Salway

Signature of Debtor 1

X/s/ Jessica Lynn Salway

Signature of Debtor 2

Date 07/23/2024

MM/ DD/ YYYY

Date 07/23/2024

MM/ DD/ YYYY

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Northern District of Oklahoma

In re Salway, Steven David

Salway, Jessica Lynn

Case No. _____

DebtorChapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$2,000.00**

Prior to the filing of this statement I have received **\$2,000.00**

Balance Due **\$0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>David</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jessica</u>	<u>Lynn</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Oklahoma</u>		
Case number (if known)	<u></u>		

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse.
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse												
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$2,835.94</u>	<u>\$4,945.73</u>												
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	<u>\$0.00</u>	<u>\$0.00</u>												
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>												
5. Net income from operating a business, profession, or farm	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$0.00</u>	<div>Copy here →</div> <u>\$0.00</u>
	Debtor 1	Debtor 2												
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>												
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>												
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$0.00</u>												
6. Net income from rental and other real property	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>	<div>Copy here →</div> <u>\$0.00</u>
	Debtor 1	Debtor 2												
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>												
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>												
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>												
7. Interest, dividends, and royalties	<u>\$0.00</u>	<u>\$0.00</u>												

Debtor 1
Debtor 2Steven
JessicaDavid
LynnSalway
Salway

First Name

Middle Name

Last Name

Case number (if known) _____

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: ↓

For you..... \$0.00For your spouse..... \$0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

+ _____

+ _____

\$2,835.94+ \$4,945.73= \$7,781.67

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

Total current
monthly income**Part 2:** Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....

Copy line 11 here →

\$7,781.67

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$93,380.04**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Oklahoma

Fill in the number of people in your household.

3

Fill in the median family income for your state and size of household..... 13.

\$82,213.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.

Debtor 1
Debtor 2**Steven**
Jessica**David**
Lynn**Salway**
Salway

First Name

Middle Name

Last Name

Case number (if known) _____

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Steven David Salway
Signature of Debtor 1Date 07/23/2024
MM/ DD/ YYYY**X** /s/ Jessica Lynn Salway
Signature of Debtor 2Date 07/23/2024
MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A–2.

If you checked line 14b, fill out Form 122A–2 and file it with this form.

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>David</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Jessica</u>	<u>Lynn</u>	<u>Salway</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Oklahoma</u>		
Case number (if known)	_____		

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing**Official Form 122A-2****Chapter 7 Means Test Calculation**

04/22

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income1. Copy your total current monthly income. _____ Copy line 11 from Official Form 122A-1 here → _____ **\$7,781.67**

2. Did you fill out Column B in Part 1 of Form 122A-1?

☐ No. Fill in \$0 for the total on line 3.☒ Yes. Is your spouse filing with you?☐ No. Go to line 3.☒ Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

☒ No. Fill in 0 for the total on line 3.☐ Yes. Fill in the information below:**State each purpose for which the income was used**

For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents

Fill in the amount you are subtracting from your spouse's income

_____ + _____

Total **\$0.00** Copy total here.....→- **\$0.00**

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

\$7,781.67

Debtor 1
Debtor 2Steven
JessicaDavid
LynnSalway
Salway

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,677.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person

\$83.00

7b. Number of people who are under 65

X **3**

7c. Subtotal. Multiply line 7a by line 7b.

\$249.00

Copy here →

\$249.00**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person

\$158.00

7e. Number of people who are 65 or older

X **0**

7f. Subtotal. Multiply line 7d by line 7e.

\$0.00

Copy here →

+ **\$0.00**7g. **Total.** Add lines 7c and 7f.**\$249.00**

Copy total here →

\$249.00

Case number (if known) _____

Debtor 1
Debtor 2Steven
JessicaDavid
LynnSalway
Salway

First Name

Middle Name

Last Name

Case number (if known) _____

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: 2020 Subaru WRX

13a. Ownership or leasing costs using IRS Local Standard..... \$619.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
-------------------------------------	-------------------------

TTCU	\$548.82
------	----------

+

Total average monthly payment

\$548.82Copy
here →- \$548.82

Repeat this
amount on
line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.....

\$70.18

Copy net
Vehicle 1
expense
here....→

\$70.18

Vehicle 2 Describe Vehicle 2: 2020 Ford Mustang

13d. Ownership or leasing costs using IRS Local Standard..... \$619.00

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
-------------------------------------	-------------------------

Truity Credit Union	\$733.68
---------------------	----------

+

Total average monthly payment

\$733.68Copy
here →- \$733.68

Repeat this
amount on
line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this number is less than \$0, enter \$0.....

\$0.00

Copy net
Vehicle 2
expense
here....→

\$0.00

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$0.00

Debtor 1
Debtor 2Steven
JessicaDavid
LynnSalway
Salway

First Name

Middle Name

Last Name

Case number (if known) _____

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** **\$808.95**
 The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, selfemployment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
 Do not include real estate, sales, or use taxes.
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. **\$0.00**
 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. **\$0.15**
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. **\$0.00**
 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
20. **Education:** The total monthly amount that you pay for education that is either required: **\$0.00**
 ▪ as a condition for your job, or
 ▪ for your physically or mentally challenged dependent child if no public education is available for similar services.
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. **\$0.00**
 Do not include payments for any elementary or secondary school education.
22. **Additional health care expenses, excluding insurance costs:** **\$0.00**
 The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. **\$0.00**
 Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.
24. **Add all of the expenses allowed under the IRS expense allowances.** **\$4,625.94**
 Add lines 6 through 23.

Debtor 1
Debtor 2Steven
JessicaDavid
LynnSalway
Salway

First Name

Middle Name

Last Name

Case number (if known) _____

Additional Expense DeductionsThese are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	<u>\$1,573.29</u>
Disability insurance	<u>\$0.00</u>
Health savings account	+ <u>\$0.00</u>
Total	<u>\$1,573.29</u>

Copy total here → \$1,573.29

Do you actually spend this total amount?

- ☐ No. How much do you actually spend? _____
- ☒ Yes

26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$0.00
- By law, the court must keep the nature of these expenses confidential.

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. \$0.00
- You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$0.00
- You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.
- * Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \$0.00
- To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.
- You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 126 U.S.C. § 170(c)(1)-(2). + \$0.00
32. **Add all of the additional expense deductions.** Add lines 25 through 31. \$1,573.29

Debtor 1
Debtor 2Steven
JessicaDavid
LynnSalway
Salway

First Name

Middle Name

Last Name

Case number (if known) _____

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Average monthly
payment

Mortgages on your home

33a. Copy line 9b here → \$541.34

Loans on your first two vehicles

33b. Copy line 13b here → \$548.82

33c. Copy line 13e here → \$733.68

33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
<u>Freedom Road Financial</u>	<u>2019 Suzuki Hayabusa</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$202.61</u>
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
			+ _____
			<u>\$2,026.45</u>
33e. Total average monthly payment. Add lines 33a through 33d.			Copy total here → <u>\$2,026.45</u>

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☐ No. Go to line 35.

☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	_____	÷ 60 = _____
_____	_____	_____	÷ 60 = _____
_____	_____	_____	÷ 60 = + _____
Total			<u>\$0.00</u>
			Copy total here → <u>\$0.00</u>

35. Do you owe any priority claims such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☒ No. Go to line 36.

☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims..... ÷ 60 = _____

Debtor 1
Debtor 2Steven
JessicaDavid
LynnSalway
Salway

First Name

Middle Name

Last Name

Case number (if known) _____

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.☒ No. Go to line 37.☐ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 _____

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X _____

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

Copy total
here →

37. Add all of the deductions for debt payment.

Add lines 33e through 36.....

\$2,026.45

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS

expense allowances

\$4,625.94

Copy line 32, All of the additional expense deductions

\$1,573.29

Copy line 37, All of the deductions for debt payment

+

\$2,026.45

Total deductions

\$8,225.68

Copy total here..... →

\$8,225.68

Part 3: Determine Whether There Is a Presumption of Abuse

39. Calculate monthly disposable income for 60 months

39a. Copy line 4, adjusted current monthly income

\$7,781.67

39b. Copy line 38, Total deductions.....

-

\$8,225.6839c. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a.**(\$444.01)**Copy
here →**(\$444.01)**

For the next 60 months (5 years)

x 60

39d. Total. Multiply line 39c by 60.

(\$26,640.60)Copy
here →**(\$26,640.60)**

40. Find out whether there is a presumption of abuse. Check the box that applies:

☒ The line 39d is less than \$9,075.00*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.☐ The line 39d is more than \$15,150.00*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.☐ The line 39d is at least \$9,075.00*, but not more than \$15,150.00*. Go to line 41.

* Subject to adjustment on 4/01/25, and every 3 years after that for cases filed on or after the date of adjustment

Debtor 1
Debtor 2Steven
JessicaDavid
LynnSalway
Salway

First Name

Middle Name

Last Name

Case number (if known) _____

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 106Sum), you may refer to line 3b on that form.....

_____ x .25

- 41b. **25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I).
Multiply line 41a by 0.25.

Copy
here →

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**

Check the box that applies:

☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.*
Go to Part 5.

☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details about Special Circumstances

43. **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

☒ **No.** Go to part 5.

☐ **Yes.** Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item.
You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense
or income adjustment

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Steven David Salway
Signature of Debtor 1

X /s/ Jessica Lynn Salway
Signature of Debtor 2

Date 07/23/2024
MM/ DD/ YYYY

Date 07/23/2024
MM/ DD/ YYYY

Revised 08/2020

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OKLAHOMA**

IN RE: Salway, Steven David
Salway, Jessica Lynn

Case No.

Chapter 7

Debtor(s)

VERIFICATION AS TO OFFICIAL CREDITOR LIST

- ☒ Original
☐ Amendment
☐ Add ☐ Delete

I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on the Creditor List Submission application, or uploaded to the Electronic Case Filing System is a true, correct and complete listing to the best of my knowledge.

I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes.

If this filing is an amendment to the creditor list, indicate only the number of creditors being added or to be deleted at this time. (For verification purposes, attach a list of the creditors being submitted, uploaded, or to be deleted.)

46 # of Creditors (or if amended, # of creditors added)

Method of submission:

- (a) ☒ uploaded to Electronic Case Filing System; or
(b) ☐ Creditor List Submission application (to be used by Pro Se filers, found on the court's website at www.oknb.uscourts.gov, or available in the Clerk's Office)

 # of Creditors (on attached list) to be deleted

/s/ Steven David Salway

Steven David Salway

Debtor Signature

Address: (if not represented by an attorney)

Phone: (if not represented by an attorney)

Date 07/23/2024

[Check if applicable]

☐ Creditors with foreign addresses included

/s/ Jessica Lynn Salway

Jessica Lynn Salway

Joint Debtor Signature

Address: (if not represented by an attorney)

Phone: (if not represented by an attorney)

/s/ Ron Brown

Ron Brown

Signature of Attorney

Bar Number: 16352

Brown Law Firm PC

1609 E. 4th St.

Tulsa, OK 74120

Phone: (918) 585-9500

Email: ron@ronbrownlaw.com

Name/OBA#/Address/Telephone #/Email

Revised 08/2020

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OKLAHOMA**

OFFICIAL CREDITOR LIST GUIDELINES

The Official Creditor List must be provided to the court in electronic format and meet the following criteria as described below:

- The name and address of each creditor must be five (5) lines or fewer
- Each line may contain no more than 40 characters including spaces
- Names and addresses should be left justified (no leading spaces) with only one column of creditors
- If attention lines are used, they should appear on the second line of the address
- City, state, and ZIP code must be on the last line
- All states must be two-letter abbreviations
- If a nine-digit ZIP code is used, a hyphen must separate the first five digits from the last four digits
- DO NOT include the following names on the mailing list, they will be retrieved automatically by the court's computer system: debtor, joint debtor, attorney for debtor(s), United States Trustee

Attorney Filers

Most bankruptcy preparation software packages have the ability to save the creditor list electronically in the proper format. Please check with your software company to ensure you have this option.

Filers without an Attorney (Pro Se Debtors)

Filers without an attorney may submit creditors through the Creditor List Submission application which can be accessed from the Court's website at www.oknb.uscourts.gov, or in the Clerk's Office.

Computer Access

Any pro se debtor or attorney who does not have access to a computer may use the equipment located in the Clerk's office to create the Official Creditor List.

Verification of Creditor List

Each submission of an Official Creditor List shall be accompanied by a cover sheet or Verification as to Official Creditor List in the format outlined by the Clerk.

Amendments

Amendments to the Official Creditor List shall contain only names and addresses to be added to or deleted from the Official Creditor List and must comply with the above-described criteria.

American Eagle
Po Box 71757
Philadelphia, PA 19176-1757

Ascension St. John
Po Box 42008
Phoenix, AZ 85080-2008

Bank of Oklahoma
3815 E Frank Phillips Blvd
Bartlesville, OK 74006-8317

Bank of Oklahoma
Po Box 790299
Saint Louis, MO 63179-0299

BVille Nutrition, LLC
819 S Madison Blvd
Bartlesville, OK 74006-8534

Capital One
Po Box 3123
Salt Lake Cty, UT 84110

Carson Smithfield
PO Box 660397
Dallas, TX 75266-0000

CBNA Wayfair
Po Box 6497
Sioux Falls, SD 57117-6497

Citi
Po Box 790040
Saint Louis, MO 63179-0040

Client Services, Inc
3451 Harry Truman Blvd
Saint Charles, MO 63301-4047

Comenity Bank Maurices
Po Box 182273
Columbus, OH 43218-2273

Comenity Bank Maurices
Po Box 182789
Columbus, OH 43218-2789

Comenity/The Buckle
Po Box 182273
Columbus, OH 43218-2273

Cornerstone
633 Spirit Drive
Chesterfield, MO 63005

Credit Bureau Systems
Attn: Bankruptcy 100 Fulton Court
Paducah, KY 42001

Credit One
Po Box 98872
Las Vegas, NV 89193-8872

Credit One Bank Na
Po Box 98872
Las Vegas, NV 89193-8872

Cws/cw Nexus
Po Box 9201
Old Bethpage, NY 11804

Discover Financial
Attn: Bankruptcy
PO Box 3025
New Albany, OH 43054

Discover Financial
Po Box 30939
Salt Lake Cty, UT 84130-0939

Emergency Health
Po Box 207529
Dallas, TX 75320-7529

Freedom Road Financial
10605 Double R Blvd, #100
Reno, NV 89521-0000

Goldman Sachs Bank USA
PO Box 45400
Salt Lake City, UT 84145-0400

Hillcrest HealthCare System
10502 N 110th East Ave
Owasso, OK 74055-6655

Internal Revenue Service
Po Box 7346
Philadelphia, PA 19101-7346

Labcorp
Po Box 8007
Burlington, NC 27216-8007

Linebarger Goggan Blair &
Sampson, LLP
Po Box 950391
Oklahoma City, OK 73195-0391

Lvnv Funding/Resurgent
Capital
Attn: Bankruptcy
PO Box 10497
Greenville, SC 29603

Marshall County Hospital
Po Box 9200
Paducah, KY 42002-9200

Merrick Bank
10705 S Jordan Gtwy
South Jordan, UT 84095-3926

Merrick Bank
Po Box 9201
Old Bethpage, NY 11804-9001

Midland Credit Mgmt
Attn: Bankruptcy
PO Box 939069
San Diego, CA 92193

Navient
Po Box 9500
Wilkes Barre, PA 18773-9500

Oklahoma Tax Commission
2501 N Lincoln Blvd
Oklahoma City, OK 73105-4508

Pathology Laboratory
Associates
Dept 1050
Tulsa, OK 74182-0001

Portfolio Recovery Associates,
LLC
PO Box 41067
Norfolk, VA 23541-0000

Service Finance Company
Attn: Bankruptcy
PO Box 2935
Gainesville, GA 30503

Synchrony Bank
Po Box 71715
Philadelphia, PA 19176-1715

Synchrony Bank/HHGregg
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896-5060

Truity Credit Union
Po Box 1358
Bartlesville, OK 74005-1358

TTCU
Po Box 4999
Tulsa, OK 74159-0999

Uita Mastercard
Po Box 183003
Columbus, OH 43218-3003

Utica Park
10502 N 110th East Ave
Owasso, OK 74055-6655

Utica Park Clinic
Dept 1304
Tulsa, OK 74182-0001

Velocity Investment
Po Box 788
Belmar, NJ 07719-0788

Verizon Wireless
PO Box 105
Atlanta, GA 30348-0000